

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022063

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 787

FILED JUL 16 1962

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Joseph

Length of stay in 1b

life

c. FULL NAME OF (If NOT in hospital, give location)

St. Josephs Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Buchanan

Inside Limits

Yes ☒ No ☐

c. CITY

St. Joseph

OR TOWN

d. STREET ADDRESS

(If outside, give location)

2912 Frederick Ave.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

MARTHA

Middle

V.

Last

PETERMAN

4. DATE OF DEATH

Month

Day

Year

July 3, 1962

5. SEX

female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7/23/1880

9. AGE (last birthday)

81

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired office clerk

10b. KIND OF BUSINESS OR INDUSTRY

Y.W.C.A.

11. BIRTHPLACE (City and state or country)

St. Joseph, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Daniel Peterman

13b. MOTHER'S MAIDEN NAME

Mary Downing

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

17. INFORMANT

Address

Virginia Doherty, 3011 Renick, St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a).

Rupture thoracic aorta

DUE TO (b)

Atherosclerosis of aorta

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH

Sudden death

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Malignant Lymphoma

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Aug 15, 1957 to 5:20 p.

July 3, 1962 and last saw her alive on July 3 1962

Death occurred at

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

V. L. Lerson M.D.

22b. ADDRESS

St. Joseph Mo

22c. DATE SIGNED

7-5-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

7/6/1962

23c. NAME OF CEMETERY OR CREMATORY

Lathrop Cemetery

23d. LOCATION (City, town, or county)

Lathrop Missouri

24. FUNERAL DIRECTOR

ADDRESS

Hester-Bauman, St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

July 11, 1962

26. REGISTRAR'S SIGNATURE

Mr. Clark Gardell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF
S.E. Senor, M.D.
MEDICAL CERTIFICATIONVS 300
Rev. 4/59

15117

25117

3

4 1

5 0

6

7 0

8 1

9451XH

10

11

123-0

131-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 7th St, Joplin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.